MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS PROTOCOL

SUBJECT:	Ostectomy for Heel Spurs	Protocol #:	PA P202.01
APPLIES TO:	MHP⊠ MLTCP⊠ MSSP⊠ HEALTHSELECT⊠	Protocol Pages: Attachments: Initial Effective Date: Latest Review Date:	
MIHS HEALTH PLANS APPROVALS:			
Director, Medical Management:		Date:	
Medical Director:		Date:	

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Ostectomy for Heel Spurs.

PROTOCOL:

A. Ostectomy for Heel Spurs

ICD9: 726.73

728 71

CPT: 28119

28250

LOS: OP

- B. The prior-authorization specialist may approve if **all** the following are present:
 - 1. Symptomatic: severe pain and tenderness in the heel that is impairing ambulation;
 - 2. Radiologic evidence of a heel spur;
 - 3. Failed conservative treatment that must include the following:
 - a) Orthotics or adequate arch support,
 - b) Anti-inflammatory medication and
 - c) Localized corticosteroid injection.
- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- E. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.